## NOTICE OF PROPOSED RULE ADOPTION

## STATE OF MISSISSIPPI Local Governments and Rural Water Systems Improvements Board

Local Governments and Rural Water System Improvements Board c/o William F. Moody P.O. Box 1700 570 East Woodrow Wilson, Suite 232 Jackson, MS 39215-1700 (601) 576-7518 wmoody@msdh.state.ms.us

Signature and Title of Person Submitting Rule for Filing

**Specific Legal Authority authorizing the promulgation of Rule**: Mississippi Code Ann. § 41-3-16

Reference to Rules repealed, amended or suspended by the **Proposed Rule**: The Draft FY-2009 Intended Use Plan

Amendment #2

(601) 576-7518 wmoody@msdh.state.r	ns.us	
		and the reason(s) for proposing the rule: This will be the Draft hich will show projects to be funded and the terms of the assistance.
This rule is proposed as	a ⊠Final Rule, and/or a ⊠	Temporary Rule (Check one or both boxers as applicable.)
address. Persons maki	ing comments should includ	rule by addressing written comments to the agency at the above de their name and address, as well as other contact information, and and telephone number of the party or parties you represent.
Oral Proceeding:	Check one box b	elow:
Place: Missis 2423 I	eeeding is scheduled on this resippi Department of Health North State Street (Underwood, Mississippi 39215	rule on Date: Monday, April 13, 2009 Time: 9:00 A.M. od Building) U-234
the above addre include your na	ess at least five (5) days prior time, address, telephone numb	e at the oral proceeding you must make a written request to the agency as to the proceeding to be placed on the agenda. The request should be as well as other contact information; and if you are an agent or umber of the party or parties you represent.
will be held if a persons. The w (20) days after number of the p	a written request for an oral printen request should be sub- the filing of this notice of pro-	this rule. Where an oral proceeding is not scheduled, an oral proceeding proceeding is submitted by a political subdivision, an agency or ten (10) mitted to the agency contact person at the above address within twenty poposed rule adoption and should include the name, address and telephone; and if you are an agent or attorney, the name, address and telephone in
Economic Impact State	ement: Check one box b	elow:
☑The agency	has determined that an econo	omic impact statement is not required for this rule, or
The concise	summary of the economic in	npact statement required is attached.
The entire text of the Pro	oposed Rule including the tex	xt of any rule being amended or changed is attached.
Date Rule Proposed:	March 13, 2008	Proposed Effective Date of Rule: May 13, 2009

SOS FORM APA 001 Effective Date 01/07/2005